

# Medical Staff NEWS

## SPECIAL SESSION: MEDICAL LIABILITY REFORM

*Jim Nathan*

As you know, our state elected officials have been engaged in a monumental debate over providing physicians and healthcare providers with meaningful medical malpractice insurance reform. The issue has dragged on for several months, and may be decided during the next special session, which Governor Bush called for July 9 – 15.

The Lee County Medical Society and the Florida Medical Association want each physician to know that it is imperative that you, your family, your patients and/or your friends travel to Tallahassee for this special session (focused on Medical Liability Reform) to make your opinions heard on this crucial

issue. A strong, unified message of support for the Governor and House's recommendations on sovereign immunity, bad faith reform, and most importantly caps on non-economic damages must be conveyed.

If there is anyone from your practice, or any of your patients, family or friends who are in a position to go it could be helpful in demonstrating the need for meaningful reform now. If enough participants from Lee County plan to attend, Lee County Medical Society will arrange for bus transportation on July 10<sup>th</sup>. Please contact Anne Wilke at 936-1645 as soon as possible if you plan to attend. This is your chance to make a difference.

## CORRECT SITE SURGERY

LMHS Surgery Services has conducted a FMEA (Failure Mode Effects Analysis) which addressed the Regulatory JCAHO Patient Safety Standard on "correct site surgery". The team was comprised of staff nurses, nurse educators and nurse managers from all three campuses.

### **The standards state:**

- 1) Prior to the start of any surgical or invasive procedure, conduct a final verification

process, such as a "time out," to confirm the correct patient, procedure, and site using active – not passive – communication techniques.

- 2) Implement a process to mark the surgical site and involve the patient in the marking process. Marking only the non-operative site with a "No" is not acceptable for complying with this goal.

**The outcome will be a revised system-wide policy and procedure. Key points of this Revised Policy & Procedure are:**

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Automation for Clinical Documentation Coming to the Rehabilitation Hospital

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1. Prior to the start of an invasive procedure, the patient's identification, procedure and procedural site will be verified.
2. Surgical sites will be marked with "YES" and the patient, parent, or designee will be included in the process.
3. The mark must be visible after patient is prepped and draped.

**Sites to be marked include:**

- All cases involving right or left distinction
- Multiple structures such as fingers or toes
- Levels such as the spine.

**Sites excluded include:**

- Midline sternotomies for Open Heart Surgery
- Cesarean Birth Procedures
- Laparotomy/Laparoscopy
- Interventional Procedures where the site of insertion is not predetermined (i.e. Cardiac Catheterization)
- Dental Procedures
- Sites adjacent to natural body orifices (i.e. Endoscopy, tonsillectomy, hemorrhoidectomy or procedures of the genitalia)

- Situations where marking the site would be technically impossible.
- 4. A pre-procedure checklist will be used to confirm that appropriate documents are available.
- 5. Verification "Time Out" will be done using active communication by all members of the team prior to the procedure.
- 6. In the event of a life or limb threatening situation, one or more of these steps may be omitted.

**The next steps are:**

- Approval of the Policy and Procedure
- Order Set Revisions
- Employee & Physician Education
- Implementation

You may call the following for any feedback or concerns:

Mark Greenberg, MD, LMHS Corporate Medical Director, (239) 334-5969

Mary Kirkwood, RN, System Director Quality Patient Safety & Standards, (239) 334-5690

## **AUTOMATION FOR CLINICAL DOCUMENTATION COMING TO THE REHABILITATION HOSPITAL**

Staff from The Rehabilitation Hospital (TRH) has anxiously awaited the opportunity to document on-line.

The CliniComp documentation system that is currently used by all three acute hospitals will be rolled out to the inpatient rehabilitation hospital July 2003.

The interdisciplinary uniqueness of TRH has required the creation of a number of forms to accommodate their specific needs. Nursing, therapies, and case management will all document on-line. Physicians familiar with retrieving data in the acute hospitals will now be able to access information in the same manner at TRH.

Multiple fixed devices will be located throughout the 5<sup>th</sup> and 6<sup>th</sup> floor patient care units and within the therapy areas. Case managers and speech therapists will have access to the system in their offices. In addition to the fixed devices, there will be several wireless radio frequency carts available for convenient charting. The wireless technology positions TRH for future on-line medication administration and currently will provide a means of documenting at the point of care.

An especially exciting addition to The Rehabilitation Hospital will be the addition of electronic patient data summaries for use in the inter-disciplinary team conferences. The

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summary screens will allow for efficient, real time review of patients' progress.

Many disciplines vying for one chart will soon be a "thing of the past". Staff is currently attending training sessions and the responses

are very positive. Continuity between the acute and post acute settings, concurrent access to patient data, and increased productivity are just a few of the positive impacts that CliniComp will bring to The Rehabilitation Hospital.

## NEWS FROM HEALTH PARK CARE CENTER:

- Dr Baquero offers Palliative Care in addition to our other outstanding Skilled Nursing Rehabilitative and Long Term Care Services.
- Just a friendly reminder, when sending a patient from the hospital, the 3008 must have the diagnosis, medication and rehab sections filled out in addition to your signature. Thank you for your time and assistance with this.

## LEE DIABETES CARE PROGRAM DIRECTOR PRESENTED AT JCAHO CONFERENCE

The Joint Commission on Accreditation of Health Care Organizations invited Sharon Krispinsky, RN, BSN, CDE, Director, Chronic Disease Management to present the Lee Diabetes Care Disease Management Program in Los Angeles on June 20, 2003. The audience was comprised of other health care organizations that are interested in preparing for Disease-Specific Certification.

Lee Diabetes Care received this esteemed certification in October of 2003 based on a review of compliance with national standards, clinical guidelines and outcomes of care.

Since 1987, Lee Diabetes Care has also been recognized by the American Diabetes Association for quality patient education in accordance with the National Standards for Diabetes Patient Education Programs. *Medicare and other insurance carriers require this certification for reimbursement purposes.*

Lee Diabetes Care is not affiliated with any diabetes supply companies or outside agencies (no conflicts of interest) and all outpatient clinical staff are Certified Diabetes Educators.

Classes are offered at all three hospital locations, morning & evening and include:

- 12 hours of education spread over 3 days
- Quarterly HbgA1c blood tests (optional, if physician ordered)
- Quarterly Follow-up appointments (patient meets with a Certified Diabetes Educator for 30 minutes each quarter at no additional cost)
- Documentation of all visits sent to your office

For more information regarding Lee Diabetes Care or to refer patients, please call us at 334-5200.

## LIMITATIONS TO STADOL® (BUTORPHANOL) USE

*Suzanne Turner, Pharm.D.*

Stadol® (butorphanol), available parenterally and intranasally, is classified as an opioid mixed agonist-antagonist. It functions as an agonist at kappa opioid receptors, and as an antagonist at mu opioid receptors. Stadol®, a Schedule IV narcotic, is indicated for moderate to severe pain. It is typically prescribed for patient's recovering from surgery, for migraine headaches, for labor and postpartum pain and as a preanesthetic sedative. **There are several restrictions regarding the use of Stadol®.**

- Anyone who is currently on a regimen that includes a mu agonist opioid (such as morphine, codeine, and fentanyl) should **NOT** receive Stadol®. Stadol® can reverse the effects of the mu agonist and the patient may experience withdrawal symptoms as a result of the antagonist effect of the drug.

- Stadol® should be administered for acute pain only. Unlike other opioid analgesics, Stadol® exhibits a peak effect to analgesia. Once this peak effect to analgesia occurs, an increase in dose will not produce further analgesia and therefore is not appropriate for chronic or increasing pain.

The American Pain Society does not recommend using any of the agonist-antagonists as first-line drugs. Instead these medications should be limited to use in individuals who are unable to tolerate other opioids. **Other medications in this class include: pentazocine (Talwin® and Talacen®) and Nalbuphine (Nubain®).**

### REFERENCES:

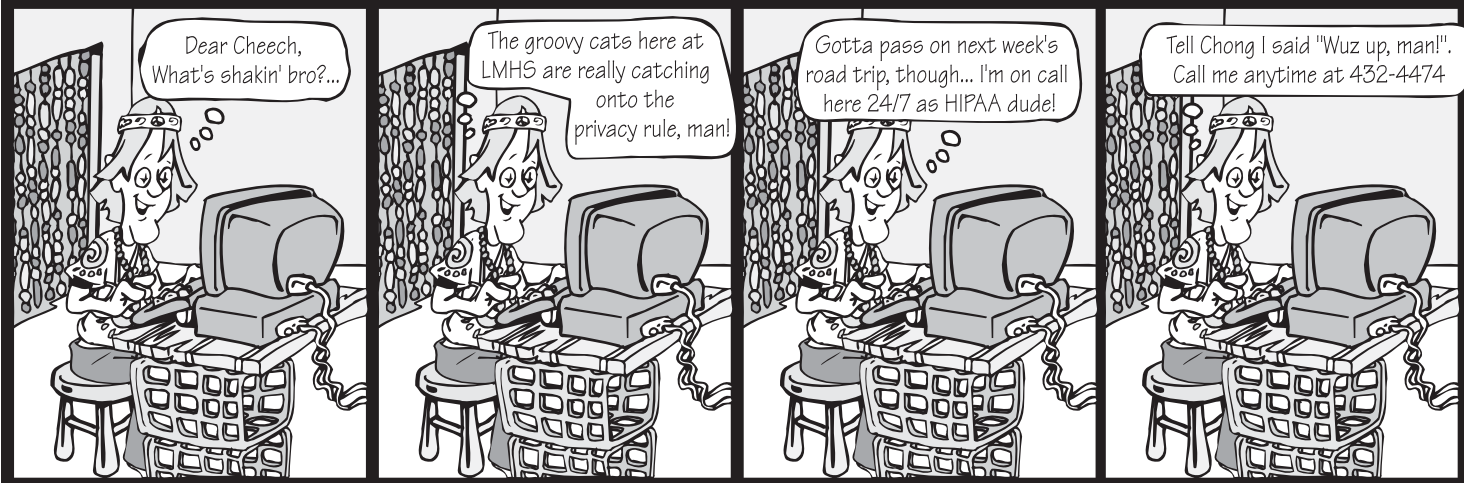
Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain 4<sup>th</sup> edition APS, 1999.

## CARDIAC CATH LAB EXPANSION AT HEALTHPARK

The Cardiac Cath Lab at HealthPark is expanding its services to meet the needs of our community. In July 2003 the cardiac cath lab will be opening its third invasive cath lab. This lab will be equipped with the new state of the art Philips Integris Allura single plane imaging system. The Integris Allura Single plane system is an advanced cardiac imaging system that provides superb performance for complex cardiovascular procedures where examination time is critical. The Integris Allura system is designed to accommodate all types of cardiac

examinations making it possible for clinicians to perform difficult procedures while using less contrast agent and minimizing radiation exposure. The image quality on the Integris Allura utilizes advanced image processing technology, which enhances details while minimizing differences between dark areas such as the spine and diaphragm, and bright areas such as the lungs. Also the new image processing better defines vessel edges, resulting in sharper and, more detailed images.

# HIPAA revolution: On Call 24/7



## MEDICAL STAFF HOTLINE

*For Medical Staff Issues or Concerns, call the Medical Staff Hotline at 334-5700.*

## CONTINUING MEDICAL EDUCATION – CME JULY 2003

### “END OF LIFE & PALLIATIVE CARE”

Mary Stegman, MD

**Thursday, July 10, 2003**

12:30 – 1:30 PM

Lee Memorial Hospital Auditorium

### “SARS AND MONKEY POX: EXAMPLES OF EMERGING INFECTIOUS DISEASES”

Judith Hartner, MD, MPH

**Wednesday, July 16, 2003**

6:30 – 7:30 PM

Lee Memorial Hospital Auditorium

**RSVP by July 14<sup>th</sup> for Dinner – 573-5680**

### “THE IMPACT OF SEXUAL ASSAULT SURVIVOR BEHAVIOR: TIPS FOR THE HEALTHCARE PROFESSIONAL”

Colleen Henderson, ACT

**Thursday, July 31, 2003**

12:30 – 1:30 PM

Lee Memorial Hospital Auditorium

**PLEASE NOTE:** This program will be offered at Cape Coral Hospital & HealthPark Medical Center in August.

## LEE CARDIAC CARE PRESENTS:

### “TREATMENT OPTIONS FOR CONGESTIVE HEART FAILURE”

Lawrence Kline, DO, FACC

M. Erick Burton, MD, FACC

Gary Allen, MD

Cedric Sheffield, MD

**Saturday, July 19, 2003**

7:45 – 8:30 AM Registration & Breakfast

8:30 – 1:30 PM CME Presentations

Sanibel Harbour Resort & Spa

Objectives for this **4 CME** conference include CHF management, indications for the application of resynchronization therapy, Surgical Ventricular Restoration and destination therapy using implantable ventricular assist devices.

**RSVP by July 11<sup>th</sup> – 432-4393 or 573-5680**

If you have questions or would like to submit an article to *Medical Staff News*, please contact Joanne Gorgone, RN, BSN, CME Coordinator, Lee Memorial Health System  
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